

LIST OF EXHIBITS (1-3)

<u>EX#</u>	<u>DATE</u>	<u>DESCRIPTION</u>	<u>PAGES</u>
1	07/30/17	HEALTH CARE REQUEST	1
2	08/01/17	MED RECORD PER L-RING FINGER	1
3	08/02/17	SHAKEDOWN SLIP OF OPPOSITE CRUSH SB T. SMITH	1
4	08/03/17	HEALTH CARE REQUEST	1
5	08/06/17	MED RECORD PER NECK	1
6	08/11/17	EMERGENCY GRIEVANCE TO WARDEN LASHBROOK	2
7	08/11/17	GRIEVANCE TO COMPTROLLER K. MUSCP	2
8	08/14/17	HEALTH CARE REQUEST	1
9	08/16/17	MU-LEGAL EXCHANGE CALL PASS (8:00 AM)	1
10	08/16/17	MU-INHOUSE MEDICAL CALL PASS (7:30 AM)	1
11	08/16/17	MED RECORDS PER L-RING FINGER, BACK	1
12	08/16/17	HAND COPY OF MU-INHOUSE MEDICAL CALL PASS (7:30 AM) WITH DATE	1
13	08/16/17	HEALTH CARE REQUEST	1
14	08/20/17	HEALTH CARE REQUEST	1
15	08/22/17	HEALTH CARE REQUEST	1
16	08/24/17	MU-HEALTH CARE IN HOUSE CALL PASS (12:00 PM)	1
17	08/28/17	HEALTH CARE REQUEST	1
18	08/29/17	HEALTH CARE CALL PASS FOR X-RAY L-RING FINGER THURSDAY (7:30 AM)	1
19	08/29/17	L-RING FINGER X-RAY REPORT	1
20	08/31/17	RECEIPT FOR POSTAGE OF GRIEVANCE #08-11-17 DATE ENTERED TO A.R.B.	1
21	08/31/17	RECEIPT FOR COPY OF GRIEVANCE DATED 08/11/17 ENTERED TO SEDONAH 18	1
22	08/31/17	HEALTH CARE REQUEST	1
23	09/02/17	HEALTH CARE CALL PASS (8:00 AM) RESULT OF MR BEYER'S E-MAIL CONSULTANT 12:00 PM FAMILY COMPLAINT DATED 09/01/17 (HAND COPY) DR. SHAH	1
24	09/02/17	MED RECORDS FROM 08/25/17 TO 09/02/17	1
25	09/03/17	HEALTH CARE REQUEST	1
26	09/06/17	HEALTH CARE REQUEST	1
27	09/08/17	SHAKEDOWN SLIP OF OPPOSITE CRUSH	1
28	09/08/17	HEALTH CARE REQUEST	1
29	09/10/17	HEALTH CARE REQUEST	1
30	09/11/17	FULLY EXHAUSTED GRIEVANCE DATED 08/11/17 EMERGENCY	3
31	09/12/17	HEALTH CARE REQUEST	1
32	09/13/09/17	MEDICAL RECORDS FROM 09/13/17 TO 09/13/17 PER X-RAY L/R FINGER	1
33	09/13/17	MEDICAL RECORD PER NECK	1
34	09/13/17	MEDICAL RECORD PER L-RING FINGER	1
35	09/13/17	L-RING FINGER X-RAY REPORT	1
36	09/19/17	HEALTH CARE REQUEST	1
37	09/20/17	MU-HEALTH CARE CALL PASS (7:30 AM)	1
38	09/20/17	MED RECORDS PER L-RING FINGER + NECK	1
39	09/21/17	MED RECORDS	1
40	09/22/17	HEALTH CARE REQUEST	1

LIST OF EXHIBITS (2-3)

EX#	DATE	DISCRIPTION	PAGES
41	09/24/17	HEALTH CARE REQUEST	1
42	09/26/17	HEALTHCARE REQUEST	1
43	09/28/17	HEALTH CARE REQUEST	1
44	09/30/17	RECEIPT FOR 5 TH MED CO-PAY PER L-RING FINGER	1
45	09/30/17	MED RECORDS PER L-RING FINGER	1
46	09/02/17	MU-HEALTH CARE CALL PASS (NOTE ON PASS)	1
47	10/02/17	MEDICAL RECORD PER NECK, L-RING FINGER	1
48	10/10/17	LEFT RING FINGER X-RAY REPORT	1
49	10/10 TO 10/20/17	MED RECORDS PER L-RING FINGER (10/10/17 TO 10/23/17)	1
50	10/10/17	LETTER TO JOHN HOWARD ASSOCIATION (PREA) AND RIGHT HAND	1
51	10/12/17	REQUEST TO MENTAL HEALTH	1
52	10/20/17	RECEIPT FOR COPIES OF EXHIBITS IN THIS ACTION (B(U)MUL)	1
53	10/23/17	LEFT RING FINGER X-RAY REPORT	1
54	10/24/17	MU-HEALTH CARE CALL PASS (12:00 PM)	1
55	10/29/17	LETTER FROM JOHN HOWARD ASSOCIATION (PREA)	1
56	11/01/17	RECEIPT FROM GRIEVANCE OFFICE PER GRIVANCE #8-11-17, #9-11-17 & #10-11-17 BOTH DATED 10/10/17	1
57	11/06/17	RECEIPT OF POSTAGE TO A.R.B. PER GRIVANCE #137-9-17, 136-9-17, AND #135-9-17	1
58	11/10/17	HEALTH CARE CALL PASS (HAND COPY)	1
59	11/10/17	MED RECORD PER L-RING FINGER	1
60	11/16/17	FULLY EXHAUSTED GRIVANCE #137-9-17; DATED: 9/02/17, AND 8/11/17	1
61	11/16/2017	FULLY EXHAUSTED GRIVANCE #136-9-17; DATED: 08/11/17	1
62	11/20/17	COUNSELING SUMMARY PER GRIVANCE #8-11-17 DATED 11/22/17	5
63	11/30/17	SHAREDOWN SLIP OF ORANGE CRUSH, S. ANDERSON #8217	1
64	12/19/17	FULLY EXHAUSTED GRIVANCE #137-9-17; DATED: 09/02/17	6
65	12/01/17	HEALTH CARE REQUEST	1
66	01/03/18	LETTER GRIVANCE #137-9-17 (PREA) TO A.R.B.	1
67	01/25/18	FULLY EXHAUSTED GRIVANCE #8-11-17; DATED: 10/10/17	1
68	01/26/18	HEALTH CARE CALL PASS IN MU-HEALTH CARE (7:30 AM) NOTE ON LIMOUS	1
69	02/22/18	FULLY EXHAUSTED GRIVANCE #229-12-17; DATED: 12/06/17	1
70	10/10/14	X-RAY REPORT PER NECK	1
71	01/25/16	X-RAY REPORT PER NECK	1
72	06/15/17	X-RAY REPORT PER NECK	1
73		MED CHART NOT ALL MDS RECEIVED (MEDICATIONS)	8
74	12/12/17	COUNSELING SUMMARY PER GRIVANCE #8-11-17; DATED: 10/10/17	1
75	12/12/17	COUNSELING SUMMARY PER GRIVANCE #8-11-17; DATED: 10/10/17 (2nd)	1
76	12/14/17	COUNSELING SUMMARY PER GRIVANCE #229-12-17; DATED: 12/06/17	1
77	01/02/17	A.R.B. FULL/INITIAL EXHAUSTION PER GRIVANCE #137-9-17; DATED: 12/06/17	1
78	01/03/17	LETTER TO A.R.B. PER GRIVANCE #137-9-17 (PREA)	1
79	01/03/18	COUNSELING SUMMARY PER GRIVANCE #229-12-17 (2nd); DATED: 12/06/17	1

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39

LIST OF EXHIBITS <3-3>

<u>EX#</u>	<u>DATE</u>	<u>DESCRIPTION</u>	<u>PAGES</u>
80	01/26/18	GRIEVANCE (3RD) ATTEMPT (HARD COPY) TO NO AVAIL #511-118	2
81	03/15/18	COUNTING SUMMARY PER GRIEVANCE #511-118 (hard copy) DATED 01/26/18	1
82	01/23/18	RECORD DIR GRIEVANCE #8-11-17; DATED 01/10/17	1
83	11/14/17	RECORD PER GRIEVANCE #137-9-17; DATED: 09/02/17	1
84	11/14/17	RECORD DIR GRIEVANCE #136-9-17; DATED: 08/11/17	1
85	12/1/02	CORRECTIONAL OFFICER, DISTINGUISHING FEATURES OF WORK POSITION CODE #09625, EFFECTIVE: 12/01/02	2

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40

○ HEALTH CARE

07/30/17

BROKEN 4TH (INDEX) FINGER LEFT
1 HAND ON 07/29/17

Joh/Berry

BENEFIT #S-03210

NV-612

MUL
41
EX#1
1-1

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific
Discomfort

Offender Information:

Bentz

Last Name

David

First Name

ID#: S03210

MM

Date/Time	Subjective, Objective, Assessment	Plans
8/2/17	S) - Any Allergies NKA	P) MD Referral to eval, order X-ray
0935	- Location of pain / discomfort On my finger, 2nd joint	- Patient presents more than twice at NSC for d/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Other	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated No NA	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 Unknown	
	- Duration of pain x 4 days	No MD referral
9.0% SPO ₂	O ₂ T ₂ F ₁₅ R ₁₂ BP _{108/60} WT ₁₃₀ - Signs of obvious discomfort At present time, until crew is contacted.	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets) - Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	- Observations related to body part affected I/M believes he broke his finger, slammed in cell door	Patient Teaching - Return to see provider if symptoms worsen or interfere with daily functioning
	Eduema, bruising present. ROM Limited d/f pain, possible fx?	
	Finger cool	
	A) Non-Specific Discomfort	Nurse Signature Payment voucher YES NO

MUL
43

Big Murdys River CC
Sgt T. Smith 13-19

ILLINOIS DEPARTMENT OF CORRECTIONS
Shakedown Record/Confiscated Contraband

05/02/17
NV-617
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MUL
EX-13
1-1

Exhibit No. _____
CLIC No. _____

Date: _____ Time: 12:11 a.m. p.m. Bldg. Area: A11

Living Area: _____ Occupied: Yes No

Violator: 152 No. 152

Violator: 152 No. 152

Was any contraband found? Yes No

Item(s) (Description and circumstances of discovery):
Utility
Furnish

Witness: _____

Disciplinary Report written: Yes No Incident Report written: Yes No

T. Smith Employee 5/2/17 1:45 a.m. p.m.
13-19 Badge No. Date Time

Distribution: With Item (Tag); Supervisor; Employee; Disciplinary Report; Violator

Shift Supervisor: Date Received: _____ Time: _____ a.m. p.m.

Major Contraband Minor Contraband: _____ Signature _____

Disposition: _____ a.m. p.m.

Date: _____ Time: _____ a.m. p.m. Initials: _____

Receiving Custodian: Date Received: _____ Time: _____ a.m. p.m.

Major Contraband Minor Contraband: _____ Custodian Signature _____

Chain-of-Custody after the Custodian has received the item:

From: _____ To: _____

Date Received: _____ Time: _____ a.m. p.m.

From: _____ To: _____

Date Received: _____ Time: _____ a.m. p.m.

From: _____ To: _____

Date Received: _____ Time: _____ a.m. p.m.

From: _____ To: _____

Date Received: _____ Time: _____ a.m. p.m.

Final Disposition: _____

Date: _____ Custodian's Initials: _____

HEALTH CARE,

08/03/2017

- (1) I HAVE CHRONIC PAIN, SWELLING AND OTTER
TO LEFT NECK AREA. D.D TO CRUSH SHAKEDOWN
ON 08/02/2017 (NU-6-CAR) RE-AGGRAVATED MY
NECK ISSUES I NEED MUSCLE RELAXERS AND REQUEST
M.R.I. IN ORDER TO DIAGNOSE CAUSE OF NECK ISSUES
- (2) CRUSH TOOK MY MED STUFF GIVEN BY NURSE
ON MORNING OF 08/02/2017 BEFORE SHAKEDOWN GIVEN
FOR LEFT HAND 4TH FINGER FIRKELT WHICH IS BROKEN.
- (3) THEY ALSO TOOK MY IBU'S FOR NECK THAT WERE PRESCRIBED
PLEASE SEND ME REFILL

Dell B

BENTZ 5-03210

NU-612

MUL
EX#4
y-1
MUL
44

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific Discomfort

Offender Information:

Bentz

Last Name

David

First Name

MI: SD3210

Date/Time	Subjective, Objective, Assessment	Plans
8/4/16	S) - Any Allergies NKDA - Location of pain / discomfort 10 D a r neck	P) MD Referral Request MRJ, Robatin Ibuprofen needs refilled - Patient presents more than twice at NSC for d/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated 1/201 - Mother sustained - Rate pain level scale of 1 - 10 James	- Patient has abnormal vital signs
	- Duration of pain May 2014 - injury d/t S.A.	No MD referral
9/17/16 SPZ	O) T 4 P R BP WT 98.1 16 126/88 130 - Signs of obvious discomfort - Does not turn head	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets) - Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	- Observations related to body part affected + current erratic. Current swelling to back of neck, into occipital area. Becomes much larger + more painful multiple x's daily - hard to go to sleep, but doesn't usually keep him awake	Patient Teaching - Return to see provider if symptoms worsen or interfere with daily functioning
	A) Non-Specific Discomfort	Nurse Signature Payment Voucher YES NO

**ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE**

Date: <u>08/11/2017</u>	Committed Person: (Please Print) <u>DAVID BENTZ</u>	ID#: <u>S-03210</u>
Present Facility: <u>MENARD</u>	Facility where grievance issue occurred: <u>MENARD</u>	<u>NL6-6-12</u>
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify) <u>MY LEFT RING FINGER IS BROKEN AND PAINFUL</u>
<input type="checkbox"/> Disciplinary Report: <u>1 1</u>		Date of Report
Facility where issued		

Note: Protective Custody Details may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

EMERGENCY GRIEVANCE TO WARDEN LASHROOK

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PERTAINING TO THE ILLINOIS DEPARTMENT OF CORRECTIONS (DOC) ADMINISTRATIVE, SUPERVISORIAL, SECURITY, AND MEDICAL PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY DOC, AND EXTERIOR HEALTH SERVICES AND OTHERS) WHO, IN THEIR PROFESSIONAL, INDIVIDUAL, OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TRIM, COLLUDER, ACQUITTEE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE, ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AND/OR FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTEMPLATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE INDIFERENCE, CRUEL AND UNUSUAL PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE ABOVE RESPONDENTS' DENYING THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND, SPECIFICALLY A RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45°'S OUT OF PLACE, AND DENYAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING YARD UPON CLOSING MY CELL DOOR NL-612 MY LEFT HAND SOME HOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER DEVIATED 45° IN A DIRECTION IT IS NOT TO BEDEV.

ON JULY 30, 2017, I PLACED WITHIN NL-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, NL-CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.
ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE PER MADE SICK CALL SLIP BY NL-CELL HOUSE NURSE JANE DOE.
NURSE JANE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO MEDICAL CARE
BECAUSE MENARD/WEXFORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO DO AN X-RAY AND I WOULD HAVE TO WAIT UNTIL WE CAME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES, SHE GAVE ME A TENS CONDUCTOR AND TAPE TO KEEP MY FINGER STRAIGHT (TAKE SIXTY SEVEN). I WAS ALREADY PRESCRIBED FOL'S FOR A PREVIOUS NECK INJURY, BUT

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

10/11/PK
Committed Person's Signature

S-03210 08/11/2017

ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1 1 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

RECEIVED

Date Received: 1 1 Is this determined to be of an emergency nature? Yes; expedite emergency grievance
 No; an emergency is not substantiated.
 Committed person should submit this grievance in the normal manner.

Alex Jone RT
Chief Administrative Officer's Signature

8/18/17
Date

SENT TO COUNSELOR BY BOB
MHSUP P.V. 08/25/2017 MUL TO
ARB U.S. MAIL D.V. 08/31/17

MUL
EX#8
1-2

MUL
HG

ON AUGUST 03, 2017, LATTER THAT SAME DAY ORANGE CRUSH SHOOK DOWN NU-6 GALLARY, WHERE THEY TOOK ME (INVITED) TO THE CHAPEL CUPPED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLDER (HELMET #6) IF HE COULD FRONT CUFF MY BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY ARM AND BACK. WHEN I SHOWED CRUSH OFFICER HOLDER #6 MY BROKEN FINGER HE TOOK MY SAINT AND COULD NOT FRONT CUFF ME. I THEN ASKED TO SEE THE NURSE WHICH HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

WAV RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED I.O.U'S AND EXTRA TAPE AND TOUGH COMPRESSOR GIVEN TO ME BY NURSE ERIVER THAT DAY, LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (AKE SHIFT SPLINT) OR ANY WAY TO RE-FILL PRESCRIBED I.O.U. FOR NECK INJURY.

- AFTER CRUSH SHOOK DOWN ON AUGUST 03, 2017, I SAW THE EXTRA MUSICAL TAPE AND TOUGH COMPRESSOR THAT THE NURSE GAVE ME ERIVER THAT DAY ON THE GALLARY FLOOR, I STOPPED TO MULHOLANDS SHOWED HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPLINT OFF THE GALLARY FOR ME AND TO TAKE ME TO HEALTH CARE SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL. SO MULHOLAND ACKNOWLEDGED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND I WOULD JUST HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.
- ON AUGUST 03, 2017, THE NU-6 CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE 9/10 MULHOLAND WAS PASSING OUT LUNCH TRAYS, UND GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY SA MULHOLAND OF PUNISH/PUNIC RETALIATION (i.e. DOGAS DISCIPLINARY ACT) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SEE CORRECTIONAL OFFICERS. SO MULHOLAND NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLACED WITHIN NU-6 GALLARY'S INSTITUTIONAL MAIL ADDRESSED TO NEMETHICARE ANOTHER MEDICAL REQUEST SLIP HAND WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR NECK AND MAKE SHIFT SPLINT FOR FINGER ALONG WITH RE-AGGRAVATED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.O.U. RE-FILL BECAUSE CRUSH TOOK WHAT I NEED TO TURN IN TO GET RE-FILL.

ON AUGUST 06, 2017, PER REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JAYE DAY (NOT CELL HOUSE NURSE, IN HOLD NU-6 CELL HOUSE ON THE 7AM-3PM SHIFT, WHERE SHE PUT ME IN FOR MY I.O.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF SAVU'S TO HOLD ME OVER, AND TOLD ME IT WOULD BE A WHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HERE (AT LEAST).

- BETWEEN JULY 29, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ADOLE ISSUES, BY REQUESTED OF CELL HOUSE STAFF, OFFICERS, NURSES, SGT'S, LTC'S, GUARDIAN CLEUP AND OTHER JOHN AND JANE DOE'S, ET AL, ALL TO NO AVAIL.
- AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT PERTINENT AND ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

RELIEF REQUESTED:

- ① FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- ② TO RECEIVE PAIN MEDICATION; AS WAS PRESCRIBED MY RE-FILL;
- ③ HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATE IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;
- ④ TO STOP DENYING ME AND INMATES ACCESS TO HEALTH CARE (i.e. DOCTORS) AND OTHER MEDICAL NEEDS WHILE ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPARATION FOR LITIGATION

MUL
EX #6
2-2

MUL
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○
HEALTHCARE

08/14/2017

I HAVE CONTINUALLY REQUESTED CARE
FOR NECK, AND BROKEN PIR. NOCK ~~RE~~ AND
RE-FILL OF IBU'S PRESCRIBED FOR NECK
FOR AT LEAST 2 WEEKS ALL TO NO AVAIL
I HAVE NOT RECEIVED IBU'S OR SEEN A
DOCTOR, AND I HAVE FILED GRIEVANCES TO NO AVAIL

08/14/2017

1st Seal PR
BENTZ #~~S~~ S-03210
NU-612

MUL
EX#8
1-1 MUL
 50

CERCPI01



ILLINOIS DEPARTMENT OF CORRECTIONS
Offender 360
PRINTED SCHED. CALL PASS



PAGE: 205

RUN DATE: 8/15/2017

RUN TIME: 10:21:32 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ,DAVID R Maximum A Moderate MEN:MEN:NU:06:12:U1
PRIMARY: UNASSIGNED ,PARTICIPANT-MEN710040009

DESTINATION: DAY: 8/16/2017 AT:
8:00:00
AM

PASS TYPE: PERSONAL PROPERTY

COMMENTS: NU Legal Exchange

AUTHORIZED: Chris Sanders

CELL HOUSE SIGNATURE:

TIME: : :

DESTINATION SIGNATURE:

TIME: _____

EXIT SIGNATURE:

TIME: : :

RETURN SIGNATURE:

TIME: _____

MEN:MEN:NU:06:12:U1

MUR
EX #9

1-1

MUL
51

mv
e
5

1-1
MUL
EX#70

SERCP101	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	PAGE: 204
		RUN DATE: 8/15/2017
		RUN TIME: 10:21:32 AM
<hr/>		
ILLINOIS DEPARTMENT OF CORRECTIONS - OTS		
OFFENDER CALL PASS ISSUED		
IDOC: S03210 BENTZ, DAVID R	Maximum A Moderate	MEN:HEN:NU:06:12:01
PRIMARY: UNASSIGNED , PARTICIPANT-MEN710040609		
DESTINATION: NU	DAY: 8/16/2017	AT: 7:30:00 AM
PASS TYPE: NURSE PRACTITIONER		
COMMENTS: M. Moldenhauer NP/Done in Cell House/Must Honor		
AUTHORIZED: Christa Mahnken		
CELL HOUSE SIGNATURE: _____	TIME: _____ :	
DESTINATION SIGNATURE: _____	TIME: _____ :	
EXIT SIGNATURE: _____	TIME: _____ :	
RETURN SIGNATURE: _____	TIME: _____ :	

MUL
EX#70
1-1

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Offender Information:

Bentz

Last Name

Jelaid

First Name

ID#: 503210

MI

Date/Time	Subjective, Objective, Assessment	Plans
8-16-17	<p>NP - S: asked for Rt ring finger; P: Recent O: NSC 8/2 40 ^{tiny} Lt ring finger Slammed cell door. Painful for few days then 1/2 c/o Neck pain - Chronic Neck pain</p> <p>Hx } Old - incident hand from chart } Special X-ray 6/07 & D.D.D. was given Motrin by Dr. Rodriguez MRI of Rt hand 2010 Currently - Rt ring finger</p> <p>A) NO SHOW — MVRodenham RN/P</p>	

08/16/17

<ALL PASS & AM COPY>

7:30 AM MU-612

COMM: N.P. M. MOLDENHAUER

ARTH: CHRISTA MAHOPEN

NOTE - 90 GROSS IN MU WOULD NOT LET ME SEE N.P. MOLDENHAUER,
90 K. MAE TOLD TO GO TO LEGAL EXCHANGE AND I WOULD BE ABLE TO SEE
N.P. MOLDENHAUER WHEN I CAME BACK BUT I NEVER WAS ALLOWED TO
SEE N.P. MOLDENHAUER OR OTHER MEDICAL STAFF FOR THIS CIVIL PASS
AND WAS DENIED BY 90 GROSS AND 90 K. MAE.

MUL
EX#12
1-1

MUL
59

HEALTH CARE,

08/16/2017

- ① I HAVE CHRONIC PAIN, SWELLING AND OTHER TO LEFT NECK
- ② CRUSH TOOK PRESCRIBED I.B.U'S AND OTHER MEDICAL THINGS, NOW I CAN NOT GET MY REFILLS FOR NECK DISPIRE CONTINUED REQUEST
- ③ ALSO HAVE BROKEN FINGER CAUSING CHRONIC PAIN



BENZ #S-03210

NU-612

MUL
EX# 93
1-1

MUL
55

HEALTH CARE

08/20/2017

- ① BROKEN LEFT RING FINGER (X-RAY) ECT--
- ② CHRONIC NECK PAIN, SWELLING, ECT-- (MRI) ECT--
- ③ RIGHT HAND CHRONIC PAIN,
- ④ RE-FILL OF I.B.U'S PRESCRIPTION FROM OUTP 3-WEEKS AGO
TO NO AVAIL
- ⑤ ALL ABOVE HAVE BEEN DENIED OR/REFUSED CARE FOR AT LEAST 3-WEEKS DESPITE CONTINUED COUNTLES REQUEST FOR CARE

DATE 08/20/2017

DR. BENTZ #5-03210

NV-612

MUL
EX#18 MUL
1-1 50

HEALTH CARE,

08/22/2017

- ① BROKEN LEFT RING FINGER, CHRONIC PAIN (X-RAY ECT...)
- ② CHRONIC NECK PAIN, SWELLING, ECT... (M.R.I. ECT...)
- ③ RIGHT HAND CHRONIC PAIN
- ④ RE-FILL OF I.B.U. PRESCRIPTION DENIED FROM OVER 3 1/2 WEEKS AGO TO NO AVAIL
- ⑤ ALL ABOVE I HAVE BEEN CONTINUALLY DENIED OR/REFUSED FOR AT LEAST 3 1/2 WEEKS DESPITE CONTINUED/COUNTLESS REQUEST FOR CARE TO NO AVAIL.

DATE: 08/22/2017

DAVID BENZ #5-03210

MU-612

MUL
EX#15
1-1

MUL
57

MUL
EX#16

MUL
EX#16
1-1

08/24/17

MUL
FIR/NOTI/MUL/CHART
IBU, RE-FILED
NO ECF--

OERCP101	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	PAGE: 136
		RUN DATE: 8/23/2017
		RUN TIME: 10:31:28 AM
ILLINOIS DEPARTMENT OF CORRECTIONS - CTS		
OFFENDER CALL PASS ISSUED		
IDOC: 503210 BENTZ, DAVID R	Maximum A Moderate	MEN:MEN:NU:06:12:01
PRIMARY: UNASSIGNED , PARTICIPANT-MEN710049009		
DESTINATION: North 1	DAY: 8/24/2017	AT: 12:00:0 0 PM
PASS TYPE: NURSE PRACTITIONER		
COMMENTS: M. Moldenhauer NP/Done in Cell House/Must Honor		
AUTHORIZED: Christa Mahnken		
CELL HOUSE SIGNATURE:	TIME: ____ : ____	
DESTINATION SIGNATURE:	TIME: ____ : ____	
EXIT SIGNATURE:	TIME: ____ : ____	
RETURN SIGNATURE:	TIME: ____ : ____	

MUL
EX#16
1-1

HEART/URINARY

08/28/2017

- ① I SAW M.P. HE PRESCRIBED ME MUSCLE RELAXERS AND MOBIC (MELOXICAM). I HAVE NOT RECEIVED ANY MUSCLE RELAXERS, AND THE MOBIC I WANT CHANGED BACK TO J.D.U'S 600mg 3X PER DAY, DO TO THIS MOBIC INFLUENCING MY NECK INJURY FOR SOME REASON AND NOT WORKING AT ALL FOR ME. (FOR MY NECK OR BROKEN FINGER, PAIN)

DATE 08/28/2017

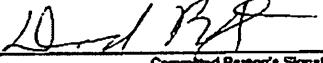
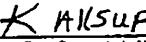
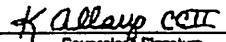


DAVID BENTZ #5-03210

NU-612

MUL
EX#1B
1-1

MUL
58

COMMITTED PERSON'S GRIEVANCE SENT TO COUNSELOR ON 08/11/2017 06:26:21 AM CTN NO: 612		
Date: 08/11/2017	Committed Person: (Please Print) DAVID BRENTZ	ID#: S-03210
Present Facility: MENARD	Facility where grievance issue occurred: MENARD	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability Handicapped <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input checked="" type="checkbox"/> Other (specify) INDIFFERENCE; CRUEL AND UNUSUAL PUNISHMENT, STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS; AND OTHER MEDICAL RELATED ISSUES; AND PUNITIVE <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: _____ / _____ Date of Report _____ 		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shadow Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
<p>Brief Summary of Grievance: <u>THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE APPLIC RESPONDENTS' OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (DOC) ADMINISTRATIVE, SUPERVISORY, SECURITY, AND MEDICAL PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY DOC, AND THIRD PARTY SERVICE PROVIDERS) WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TRANSMIT, COLLUDE, ACQUIESCE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DENIED OF MEDICAL CARE ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AVOID FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTAMPLATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE INDIFFERENCE, CRUEL AND UNUSUAL PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.</u></p> <p><u>THIS GRIEVANCE ARISES FROM THE PRINCIPAL RESPONDENT DEMANDING THIS GRIEVANT OF MEDICAL CARE FOR A HURRY IN LEFT HAND, SPECIFICALLY 4TH RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45°, OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR OPERERS.</u></p> <p><u>ON JULY 29, 2017, I WAS RETRANING FROM EVENING YARD WALK CLOSING MY CELL DOOR WHEN MY LEFT HAND SOMEHOW GOT COUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHILE MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BE. ON JULY 30, 2017, I PLACED WITHIN MU-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.</u></p> <p><u>ON AUGUST 01, 2017, MU-CELL HOUSE LENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.</u></p> <p><u>ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE PER ABOVE SICK CALL SLIP BY MU-CELL HOUSE JUDGE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO MEDICAL CARE BECAUSE MURDO/WETFORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO DO AN X-RAY AND WOULD HAVE TO WAIT UNTIL WE CAME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TONGUE COMPRESSOR AND TAPE TO KEEP MY FINGER STABO SWINE SHPT SPINT. I WAS ALREADY PRESCRIBED IBUS FOR A PREVIOUS KICK INJURY, BUT</u></p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
 Committed Person's Signature		S-03210 08/11/2017 ID# Date
(Continue on reverse side if necessary)		
Counselor's Response (if applicable)		
Data Received: <u>9/15/17</u> <input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277		
Response: <u>You are not entitled to medical care, medical care is a privilege that you do not receive when on lockdown and is a administrative decision.</u>		
 Print Counselor's Name		
 Counselor's Signature		
EMERGENCY REVIEW		
Date Received: <u> / / </u> Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.		
Chief Administrative Officer's Signature		

ON AUGUST 03, 2017, LATER THAT SAME DAY CRUSH SHOCKED DOWN NUG-GALLORY, WHERE THEY TOOK ME (INMATE) TO THE CHAPEL CUFFED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLDEN (HELMET #6) IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHAMED CRUSH OFFICER (HOLDEN, #6) MY SPLINTED FINGER HE TOOK MY SPLINT AND WOULD NOT PRINT CUFF ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

WAN RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED I.A.U'S AND EXTRA TRAM AND TWING COMPRESSOR GIVEN TO ME BY NURSE ERICKA THAT DAY. LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (MAKE SHIFT SPLINT) OR ANY WAY TO REFILL PRESCRIBED I.A.U'S FOR NECK INJURY.

AFTER CRUSH SHOCK DOWN ON AUGUST 03, 2017, I SAW THE EXTRA MEDICAL TRAM AND TWING COMPRESSOR THAT THE NURSE GAVE ME ERICKA THAT DAY ON THE GALLARY FLOOR, I STATED SO MUL-HOLDEN SHAMED HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPLINT OFF OF THE GALLARY FOR ME, AND TO TAKE ME TO HEALTHCARE SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL. SO MUL-HOLDEN ADVICE AGAIN MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND I WOULD NOT HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

ON AUGUST 03, 2017, THE MU-COLL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE SO MUL-HOLDEN WAS PASSING OUT LOVED THINGS. UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY SOMUL-HOLDEN OF FURTHER/FUTURE RETALIATION (i.e. BOGAS DISCIPLINARY ACTION) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT'S WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CONFINEMENT OFFICERS. SO MUL-HOLDEN NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLACED WITHIN NUG-GALLORY'S INSTITUTIONAL MAIL ADDRESSED TO HEALTH CARE ANOTHER MEDICAL REQUEST SLIP HAND WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR NECK AND MAKE SHIFT SPLINT FOR FINGER ALONG WITH RE-ASPILATED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.A.U'S RE-FILL BECAUSE CRUSH TOOK WHAT I NEED TO TURN IN TO GET RE-FILL.

ON AUGUST 06, 2017, PER REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JAHME DUE CELL HOUSE NURSE, IN HOUSING MU-COLL HOUSE ON THE 7AM-3PM SHIFT, WHERE SHE PUT ME IN FOR MY SPLINT RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF I.A.U'S TO HOLD ME OVER, AND TOLD ME IT WOULD BE A WHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS ALTHOUGH THE TWO (2) DOCTORS ARE NEVER HEAR (AT MEETING).

BETWEEN JULY 29, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY PETITIONED MEDICAL CARE FOR ALL ABOVE ISSUES, BY REQUEST OF CELL HOUSE STAFF, OFFICERS, NURSES, SST'S, LT'S, GUARDIAN ALSO AND OTHER JOHN AND JANE DOE'S, AND, HILL TO NO AVAIL.

AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADEQUATE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

RELIEF REQUESTED:

- ① FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- ② TO RECEIVE PAIN MEDICATION; AS WAS PRESCRIBED, MY RE-PILL;
- ③ HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATES IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;
- ④ TO STOP DENYING ME AND INMATES ACCESS TO HEALTHCARE (i.e. DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPARATION FOR LITIGATION

MUL
47

MUL
EX#7
2-2

08/29/2017

CALL PASS (HAWAIIAN)

7-30 AM MU-612

COMM: X-RAY / IN. HEALTHCARE

AUTH: CHRISTA MAHLKEN

NOTE: PER: L-RING FINGER

MUL
EX#718
JUL
1-1

JUL
09

ONE RADIOLOGY

Normal, Illinois

August 30, 2017

PATIENT NAME: Bente, David

NUMBER: S03210

DATE OF BIRTH: 5/30/75

Ordered by: Moldenhauer

Menard Correctional Center

LEFT FOURTH FINGER, AP, AND OBLIQUE VIEWS 8/29/2017 ✓

CLINICAL INDICATION: Rule out fracture of the fourth finger.

COMPARISON: None.

FINDINGS:

There is an acute non-displaced fracture at the lateral base of the fourth middle phalanx. No dislocation is present. Mild soft tissue swelling adjacent to the fracture is seen.

Note is made of amputation of the mid and proximal phalanx of the 3rd finger which appears chronic. There is also a small ossific fragment adjacent to the distal proximal 3rd phalanx which is likely secondary to remote injury.

PJ/H

P. Javadi, M.D.

PJ:eg

Films from Menard Correctional Center

M.D. Review

Date 9-5-17

Doctor M.M. Javadi

Pull Chart

See Patient

File _____

MUL
EX#74
1-1

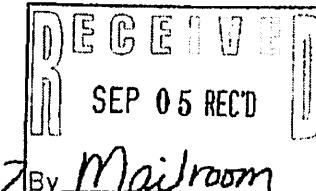
MUL
GIP

BENTZ MCC (MR) 0129

ILLINOIS DEPARTMENT OF CORRECTIONS

SEE EX#31 P.2-3

Offender Authorization for Payment



Posting Document # _____

Date 08/31/2017 By Mailroom

Offender Name BENZ

ID# S-03210 Housing Unit MC-612

Pay to NIA

.49

Address NIA

x 2

City, State, Zip .98

The sum of 00 dollars and 00 cents charged to my trust fund

account, for the purpose of AIR MAIL FOR SHAWN FERGUSON & LEANNE MULLENKENBERG 15CV-111(2)

- I hereby authorize payment of postage for the attached mail. I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature Mark R

ID# S-03210

Witness Signature _____

LEGAL MAIL

Approved Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of 0 dollars and 00 cents.

Distribution: Business Office, Offender, Mail Room

SEP - 5
DOC 0298 (Eff. 1/2008)
(Replaces DC 828)

Printed on Recycled Paper

Legal

MAILED OUT

62
MDC

ILLINOIS DEPARTMENT OF CORRECTIONS

T-6
Offender Authorization for Payment

Posting Document # _____

Date 08/31/17

Offender Name BELTZ

ID# 5-03210 Housing Unit N2-612

Pay to LNU LIBRARY

Address _____

City, State, Zip _____

The sum of — 00 — dollars and 0.30 cents charged to my trust fund account, for the purpose of COPIER B&W MULTIFUNCTION 1 Cpy of Griev + P.G. REV

I hereby authorize payment of postage for the attached mail. I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature MUL

ID# 5-03210

Witness Signature B. Stewart

Approved Not Approved Chief Administrative Officer Signature _____

Postage applied in the amount of

0 dollars and 0 cents.

Distribution: Business Office, Offender
LL

DOC 0296 (Eff. 1/2006)
(Replaces DC 828)

Printed on Recycled Paper

MUL
EX#24
1-1

ILLINOIS DEPARTMENT OF CORRECTIONS

ML
EX#21
1-1
MUL
EX#24
1-1
ML
EX#21
1-1
ML
EX#24
1-1

HEALTH CARE

08/31/2017

I HAVE FOR LAST MONTH PLUS BEEN REQUESTING
A M.R.I. FOR NECK INJURY AND FOR MUSCLE RELAXERS
TO NO AVAIL. AND BROKEN FINGER TO NO AVAIL
AND RIGHT HAND TO NO AVAIL 10-1-188

BENTZ #S-03210

MV-612

MUL
EX¹²²
1-1

MUL
64

09/02/17

CALL PASS (HAND COPY)

12:07pm MU-612

TYPE: DOCTOR CALL LINE

COMM: DR. SHAH/DONE IN HCU/MUST HONOR

AUTH: CHRISTA MAHUREN

NOTE: DO TO FAMILY (MR. DENTZ) COMPLAINT/FAMILY CIRCUMSTS/E-MHL
ON I.P.R.C. WEBSITE ON 09/01/17,

FOR BROKEN L-RING FINGER, NECK, + RIGHT HAND, WHT TOLD
BY DR. SHAH HE WOULD NOT DO ANYTHING FOR L-RING FINGER, ~~HE~~
TOLD WHT WAS NOT BROKEN REPLIED PAIN MEDS, REPLIED MUSCLE RELAXERS
HE REFUSED TO DO ANYTHING AT ALL.

MUL
EX#23
1-1

MUL
65

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Bentz

Last Name

David

First Name

ID#: S03210

MI

Date/Time	Subjective, Objective, Assessment	Plans
8/25/17	AMT note 8:40A 8:11 I was just seen by the nurse practitioner I dont need NSC anymore". O: At DTX3. Ym educated if need NSC to drop another kite, Ym voiced understanding'	P: FLU PRN NSC
	A: NSC	<i>U. Marshall</i>
8/29/17	Key note 10 ^A L had done P highest at 9:2:17 MDC - Dyn. bid = 125 98.5 x1b Feels - g ft plan G88 68 12968 ① It had & offer no sway my 2nd bid av. - exercise plan ② Bid cost is ready for 4 firs	<i>U. Marshall</i>

HEALTH CARE

09/03/2017

- ① CONTINUED ISSUES WITH BROKEN FINGER (ALL TO NO AVAIL)
- ② CONTINUED REQUEST FOR MUSCLE RELAXERS FOR CHRONIC NECK ISSUES
SWELLING PAIN, VISION, OTHER (ALL TO NO AVAIL) (M.R.I.)
- ③ RIGHT HAND INJURY ISSUES (ALL TO NO AVAIL)

ALL ABOVE REQUEST FOR LAST MONTH ALL TO NO AVAIL CONTROLLED DRUGS OR OPIATE

DATE 09/03/2017

BL Dz J Pd

BENTZ #5-03210

NU-612

MUL
EX#25
1-1

MUL
67

HEALTH CARE,

09/06/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER
NEED PAIN MEDS.
- ② CHRONIC PAIN ON NECK, NEED PAIN MEDS, MUSCLE RELAXERS,
M.R.I. TO DIAGNOSE WHAT'S WRONG
- ③ CHRONIC PAIN TO RIGHT HAND INJURY

151 Deed Rd

BENTZ #5-03210

NU-612

MUL
EX#28
1-1

MUL
68

CRUSH NUV-612
09/08/17

**ILLINOIS DEPARTMENT OF CORRECTIONS
Shakedown Record/Confiscated Contraband**

MU

Date: _____		Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	Bldg. Area: _____	Shift Supervisor: _____	Date Received: _____	Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
Living Area: _____		Occupied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Major Contraband <input type="checkbox"/> Minor Contraband: _____					Signature _____
Violator: _____		No. _____	Disposition: _____					<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	
Violator: _____		No. _____	Date: _____	Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	Initials: _____			
Was any contraband found? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receiving Custodian: Date Received: _____ Time: _____					<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.		
Item(s) (Description and circumstances of discovery): _____ _____ _____ _____ _____ _____ _____ _____		<input type="checkbox"/> Major Contraband <input type="checkbox"/> Minor Contraband: _____					Custodian Signature _____			
Chair-of-Custody after the Custodian has received the item:										
From: _____		To: _____								
Date Received: _____		Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.						
From: _____		To: _____								
Date Received: _____		Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.						
From: _____		To: _____								
Date Received: _____		Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.						
From: _____		To: _____								
Date Received: _____		Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.						
Final Disposition: _____										
Employee Signature _____		Date: _____	Time: _____	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	Custodian's Initials: _____				

Distribution: With Item (Tag); Supervisor; Employees; Disciplinary Report; Violator

DOC0300 (Eff. 4/2008)
(Replaces DC 252)

٦٩

HEALTH CARE,

09/08/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER,
NEED PAIN MEDS.
- ② CHRONIC PAIN TO NECK, SWELLING, OTHER DO TO ORANGE
CRUSH SHAKEDOWN ON 09/08/17 OF NU-CELL HOUSE
AGRIVATING NECK INJURY, PAIN MEDS, MUSCLE RELAXERS,
M.R.I. TO DIAGNOSE WHAT IS WRONG.
- ③ CHRONIC PAIN TO RIGHT HAND INJURY

1st Doc B

BENTZ #5-03210

NU-612

MUL
EX#28
1-1

MUL
70